

PRESENT:

Board Members: Joshua Green, ND; Valerie Riss, MD; Thomas Connolly, DMD; Michael Rapaport, MD

DVHA Staff: Katie Collette, RN, Clinical Operations Nurse Case Manager; Christine Ryan, RN, Nursing Operations Director; Sandi Hoffman, Deputy Commissioner

Guest: Margaret Haskins, Provider Representative, Gainwell Technologies

ABSENT: John Matthew, MD; Nels Kloster, MD

Meeting Handouts:

- November meeting agenda
- Minutes – May 2021, July 2021, September 2021
- Imminent Harm Code PPT
- Remote Patient Monitoring Proposed Rule Amendment PPT
- 2022 CURB meeting date schedule

CONVENE: Katie Collette convened the meeting at 6:40 pm.

1.0 Introductions and Acknowledgments

Katie Collette welcomed all to the meeting and facilitated introductions of DVHA staff, Board members, and public guests including attendees from fiscal agent, Gainwell.

Katie reviewed that Dr. Strenio has transitioned full time to the Department of Corrections and the DVHA Medical Director position is now posted. Dr. Marietta Scholten, DVHA consulting physician, aims to join for future CURB meetings until the medical director position is filled.

Katie reported that the Board has a new administrative support person, Jennifer Rotblatt. Jennifer will be sending members expense claims and conflict of interest forms using DocuSign, an electronic signature system that will be utilized to simplify the process of obtaining signatures for forms electronically. She will also be providing other general CURB administrative support such as website updates. Members should expect to receive communication from her in the future.

2.0 Review and Approval of Minutes

Minutes were reviewed from the following meeting dates:

- May 19, 2021
- July 21, 2021
- September 22, 2021

Dr. Rapaport moved to adopt the minutes with one revision to the September minutes to correct typo on page four – “make money” changed to “save money”. Dr. Green seconded. All minutes were approved unanimously.

3.0 Old Business

Updates – Christine Ryan

DVHA PA Workgroup Proposals

Christine Ryan provided an update on the prior authorization (PA) proposals presented and approved by CURB during the July CURB meeting. DVHA was responsible for drafting a report to the legislative body by the end of September which was completed and submitted.

Next steps have included meeting with fiscal agent, Gainwell, to identify operational changes and understand feasibility and expenditures related to the PA proposal changes that need to happen within the current system. This work is underway and nearly complete. DVHA is engaging internal teams to support the operationalization of the changes including ensuring the documentation and requirements for implementation are in place.

A Board member questioned whether there would be a point when working with Gainwell, that the costs would cause reevaluation of the approved changes. Sandi Hoffman stated that if it required a significant system change which would incur a high cost to the state to implement, it could influence whether or not DVHA moved forward with the recommendations as presented. Sandi also noted that it's not only the cost, but also the amount of time it would take to do it. In those circumstances, updates would be brought back to CURB.

Remote Patient Monitoring – Katie Collette

Christine reminded members that Dr. Strenio previously put forth a request to Board members to bring forward recommendations for expanded clinical indications telemonitoring coverage that have supporting evidence base. She explained that more work has been done on this internally a presentation was put together by the Policy Unit for review by the CURB.

Katie Collette reviewed that the Health Care Administrative Rules (HCAR) are currently undergoing an initiative by Agency of Human Services to revise and reorganize all Medicaid rules under one title. Telehealth utilization increased significantly during the public health emergency that resulted from the COVID-19 pandemic. Act 6 of the 2021 Vermont legislative session led to identification of a need to revise and amend the telehealth rule. This legislation also affords an opportunity for DVHA to contribute to changes.

Katie presented the proposed amendments which include:

- 1) Changing the term “telemonitoring” to “remote patient monitoring” which is more widely used, and
- 2) Adding expanded coverage indications of diabetes and hypertension related to received public comment and prior CURB recommendations.

One Board member asked if the additions include the pediatric population or if coverage would only be proposed for adults, citing that the expanded coverage may be beneficial for pediatric patients in circumstances as well. DVHA staff reported that age had not been a consideration in the discussion of the changes and coverage for the pediatric population would be considered.

The DVHA team asked Board members if there were any additional diagnoses that they could cite as evidence-based indications for expanded coverage of remote monitoring. Board members were asked to submit literature for review for indications for expanded coverage.

The following suggestions were made:

- **Addiction medicine**
 - Work with local experts to investigate use of devices such as secure electronic pill devices, e.g. Med-O-Wheel. This may aid to save on transportation costs to and from substance use treatment clinics related to the frequency of required visits.
 - Dr. Brooklyn at UVM is involved in work related to such devices that allow electronic secure home pill delivery. One Board member noted they would forward associated literature.
- **Oxygen level monitoring**
 - Board members discussed remote monitoring of oxygen levels and potential for utility related to COVID-19 patients.
- **Weight checks for indications including:**
 - Failure to Thrive
 - Anorexia Nervosa
 - Heart failure
- **Urinary tract infection (UTI) point of care testing**
 - For those with recurrent UTIs

Board members inquired about liability related to remote monitoring, e.g. if monitoring identified a scenario that required intervention in cases of potential adverse outcomes. It was reiterated that any remote monitoring allowances would be at the discretion of the provider.

Members were asked to send identified evidence-based research and studies on the proposed indication additions to Katie.

4.0 New Business

Legislative Updates – Christine Ryan

Act 48 Implementation

Christine reviewed work related to Act 48 of the 2021 legislative session that DVHA is engaged in to operationalize and administer funding for the program. This program will allow for reimbursement for healthcare providers for care provided to individuals with immigrant status who are under the age of 19 or pregnant. Information related to this work can be found on the DVHA website, along with forms and documentation required from the provider to process claim requests. It has been estimated that there are approximately 100 children and 22 pregnant women in this category in Vermont.

One Board member asked what other states are doing regarding coverage of care for this population. DVHA staff noted they would look into this and report back along with further updates at the next Board meeting in January.

CURB 2022 Topics – Katie Collette and Christine Ryan

Christine reminded members that in the past year DVHA developed a workplan to provide direction for the Board meetings for the upcoming year. Work to develop a workplan for CURB discussion for 2022 is underway. Katie shared the proposed draft workplan for 2022, summarized below:

- January
 - Review CURB 2021 annual report
 - PA proposal updates
 - New CURB members
 - Review of CURB workplan
- March
 - Grievances vs. quality-of-care concern cases
 - DVHA staff to provide presentation
- May
 - Clinical guideline suggestions
- July
 - Legislative updates
- September
 - DVHA/ACO quality measures and alignment
- November
 - Year-end review/year ahead
 - Presentation of annual review of imminent harm codes

A Board member asked the about the difference between grievance and quality-of-care concern processes. Christine explained that a grievance arises from a complaint from a member about things other than actions, such as long wait times or pharmacy/prescription issues. Christine discussed that the quality-of-care process originates from an internal referral where concerns are reported from internal stakeholders related to the quality of care provided for Vermont Medicaid recipients.

Christine discussed that DVHA will be working to update clinical guidelines included on the DVHA website. DVHA will be asking for CURB input on clinical guideline inclusion. The goal is to include guidelines on the website that are relevant and meaningful for providers. DVHA staff will work to provide information to CURB members in advance of the clinical guideline discussion in May in anticipation.

Imminent Harm Code Presentation & Vote –Christine Ryan

Imminent harm codes are procedure codes (CPT or HCPCS) that require prior authorization regardless of if the member is attributed to the ACO or not. Imminent harm codes are those that

have been identified as services/equipment that could pose a situation of serious harm, injury, or impairment to a beneficiary. The definition of imminent harm is not restricted to services that are committed but is also expanded to include omission of services that may be necessary to negate adverse outcomes. Over the last year, DVHA has collected the data on utilization of these codes. Codes on the list were reviewed for recommendation of addition or removal.

DVHA's proposal is to prevent imminent harm of Vermont Medicaid beneficiaries by:

- Pre-provision review for services that can reasonably be anticipated to cause imminent harm.
- Requests for inclusion on, or removal from, the imminent harm list can come from a variety of sources: providers, the accountable care organization, or clinical experts.
- Annual review of recommended codes will be performed by the Chief Medical Officer after thorough research by clinical experts.

The challenge of this work is to balance member safety as well as limiting provider administrative burden.

For 2021, the recommendations are:

- Add: certain hospital beds, wheelchairs, and seating that were omitted from the first round of code recommendations. The wrong device can result in impaired function, loss of skin integrity, contractures, and overuse conditions.
- Add: home dermatological ultraviolet devices. They can be dangerous to skin and eyes when used improperly.
- Add: speech generating device component code. Incorrect components can render the device itself useless to the user.
- Add: complex patient lift code. An incorrect lift or sling can result in falls and loss of skin integrity.
- Remove: wheelchair battery code.

The specific codes were presented in table format for Board member review.

Further discussion ensued on the use of these codes and it was again noted that these imminent harm codes are unique in that they apply to both ACO and non-ACO members. One Board member noted that pre-provision review of requests for these codes adds a layer of oversight to ensure that the equipment/service will be safe for the member.

Board members questioned inclusion of speech generating device component codes on the imminent harm list. Discussion ensued on this item and it was noted that this is only the component and that the speech generating device itself is already on the code list. It was decided to hold on voting regarding addition of the speech generating device component to the list at this time. DVHA will work with clinician experts to gather further information on how codes for the speech generating device component fit the imminent harm definition.

Dr. Rapaport moved to approve the recommended codes for addition and removal as proposed less the speech generating device component. Dr. Green seconded. The Board unanimously approved.

Public Comment

No public comment was provided.

5.0 Closing

Comments

One Board member requested a financial overview to see service areas where DVHA is spending the most money. Another member agreed. It was discussed and decided to add this to January's agenda.

Next Steps

Bring any thoughts on the workplan to the next meeting.

Conflict of interest forms will be sent out as required annually. Expense reports will also be included for those in attendance at this meeting.

Adjournment – CURB meeting adjourned at 8:33 PM

Next Meeting

January 19, 2022

Time: 6:30 PM – 8:30 PM

Location: Microsoft Teams and Waterbury State Office Complex